

THE CLEVELAND MUSEUM OF ART
 FORTY-SIXTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
 MAY 6 to JUNE 14 1964

Born in Cleveland ☐ YES ☒ NO

PLEASE
 LETTER
 PLAINLY
 OR TYPE

Collaborator if any _____

Artist JAN

FIRST NAME

OSTROV

LAST NAME

Address 471 BASTOGNE AKRON

NO.

STREET

CITY

44303

ZIP CODE

SOMMIT

COUNTY

Tel. UN 40626

Out-of-town residents should state whether return shipment is required. ☐ YES ☒ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS	
1		150	LAMBERT FORMS	POLYMER	1	897	RV
1		150	INELUCTABLE MODALITY	POLYMER	1	906	RV
1		150	PORTRAIT IN BLACK AND BROWN	POLYMER	1	898	A

SUBMIT ENTRY BLANK NO LATER THAN MARCH 9, 1964.

This entry blank must be fully made out (typewritten or plainly lettered) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1964.

It is also understood that accepted entries will remain on exhibition until June 14, 1964.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Jan Ostrov

SIGNATURE

PAID FEB 25 1964